CITATION REVIEW REQUEST FORM

Please fill out this form completely.

Local Ordinance Section No.	
Complaint No. P-	
	License Plate No
State reason for this report	
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Please PRINT	Name:
	Address:
	City:
	State: Zip:
	Signature:
	Date:

CITATION REVIEW REQUEST- - INFORMATION

Purpose:

This report has been implemented to assist you in communicating with the Police Department on a citation you have been issued where you wish to communicate with the officer writing the citation or the Chief of Police. Often you were not able to communicate with the complainant officer at the time and place the citation was issued.

Court Date Information:

If you dispute a citation, you may appear in court and go before a judge. The Police Department record's section can give you a court date. You can reach the record's department Monday through Friday from 8:30 a.m. to 4:30 p.m. Please call the police non-emergency number, 304-3300 and ask to speak to the records department.

Police Department Employees Cannot Void Citations:

Police Department employees are not allowed to discuss the merits of your case. They do not have the authority to void a citation on the spot. Only the Chief of Police has the authority to non-suit a citation, after reviewing your report, the complainant officer's report and the supervisor's recommendations. If you feel that a special circumstance has occurred that you wish to bring to the attention of the Police Department and the complainant officer, the reverse side of this form will serve as the conduit for communication.

The submission of this form DOES NOT in itself relieve you of any fines or penalties.

Please keep your ticket until you get written correspondence from the Chief. Please DO NOT send it in with your request. Attach a copy if possible.

Thank You!